

Born in Cleveland ☐ YES ☒ NO

PLEASE
LETTER
PLAINLY
OR TYPE

FIRST NAME

LAST NAME

Tel. Mal-4 500

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

DO NOT WRITE IN
THESE COLUMNS[illegible]

Use second blank if required

IMPORTANT

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

William C. Hyman
SIGNATURE